

BE A HAZARD HERO



North Carolina's Injury Prevention Program helps find and eliminate hazards.

Each employee plays a role in stopping actions that cause injuries and removing unsafe conditions.

**“TOGETHER WE CAN
PREVENT INJURIES!”**

EMPLOYEE NAME: _____

AGENCY: _____

DIVISION: _____

EMAIL: _____

PHONE NUMBER: _____

SITE ADDRESS: _____

DATE OF OBSERVATION OF HAZARD: _____

**REPORT HAZARDS ONLINE
HAZARDS.NC.GOV**

BECOME A HAZARD HERO TODAY!

EMPLOYEE INSTRUCTIONS: Please print, be specific, and complete the following information.

Once completed, submit the form to your immediate supervisor.

**WHAT HAZARD DID YOU OBSERVE?
PLEASE LIST ALL DETAILS:**

LOCATION OF HAZARD:

CORRECTIVE ACTION TAKEN:

**IDENTIFICATION AND CORRECTION OF THE HAZARD(S)
PREVENTED WHICH OF THE FOLLOWING:
(CHECK ALL THAT APPLY)**

- ☐ SLIP/TRIP/FALL
- ☐ SPRAIN/STRAIN
(LIFTING, PUSHING, PULLING, REPETITIVE MOTION)
- ☐ STRIKE AGAINST (OBJECT)
- ☐ CUT/PUNCTURE/SCRAPE
- ☐ PROPERTY DAMAGE
- ☐ BURN/SCALD (HOT OR COLD)
- ☐ STRUCK BY MOVING OBJECT/VEHICLE
- ☐ EXPOSURE TO HAZARDOUS CHEMICALS
- ☐ OTHER: _____

SUPERVISOR TO COMPLETE

Work with the employee to eliminate or reduce the hazard(s) and retain a copy of this form for your records.

Please provide a copy of this form once completed to the Safety Personnel in your agency.

HAZARD CORRECTED?

☐ YES DATE CORRECTED: _____

☐ NO

IF NO, PLEASE SPECIFY: _____

PROCEDURES/POLICIES CREATED OR MODIFIED?

☐ YES DATE CREATED/MODIFIED: _____

☐ NO

WORK ORDER NUMBER: _____ DATE SUBMITTED: _____

TRAINED OR RETRAINED?

☐ YES DATE OF TRAINING: _____

☐ NO

HAZARD AWARENESS MEETING?

☐ YES DATE OF MEETING: _____

☐ NO

MAJOR FUNDING?

☐ YES DATE OF REQUEST: _____

☐ NO

IF YES, ESTIMATED COST?: _____

FURTHER ACTION REQUIRED?

☐ YES ☐ NO

OTHER INFORMATION RELEVANT TO THIS REPORT:

SUPERVISOR NAME: _____

PHONE: _____

EMAIL: _____